:26

Who is submitting this request?	HIPIC LIPPIGMI
Aggregator	
Laconscionario de constructivo	
Aggregator Batch Number	
KN0215	
Aggregator name	
Knollwood Energy	
A service significant for the service of the servic	
Aggregator Email	<u>a</u>
linda@knollwoodenergy.com	
Other Aggregator name	
Other aggregator email address	
Facility Owner Name	
Benjamin Southworth	
Outrook Deafin	
Owner Prefix	
Mr.	
Facility Owner email	
ben@garlandmill.com	
Owner Blanca	
Owner Phone 603-788-3050	
003-760-3030	
Facility Address	
354 Pleasant Valley Rd	
Facility Town/City	
Facility Town/City	
Lancaster	
Facility State	
NH	
Facility 7in	
Facility Zip 03584	

Is the facility address the same as the owner's mailing address

YesNo
Mailing Address
Mailing Town/City
Mailing State
Mailing Zip
Primary Contact (who should we call with questions)
Linda Modica
Contact Phone
Other Email Address
Facility Information
Class
Utility
Other
Other Utility Name
PSNH
Date of Utility Signoff
02/22/2012
To obtain a GIS ID contact:
James Webb
408 517 2174

jwebb@apx.com

GIS ID (include "NON")
59291
Facility Operator Name, if applicable
Facility Operator Name, ii applicable
Panel Quantity
17
Panel Make
Sunpower
Panel Model
Other
Panel Rated Output
240
System capacity based on panels
4.0800
Inverter Quantity
17
Inverter Make
Enphase Energy
Additional Inverter
Rated Output
210
System capacity based on inverters
3.57
System capacity in mW as stated on the interconnection agreement
3.57
Revenue Grade Meter Make
Sangamo

Was this facility installed directly by the customer (no electrician involved)?

Is the installer also the equipment vendor? • Yes
O No
Equipment Vendor
Please attach your completed interconnection agreement including Exhibit B.
https://fs30.formsite.com/jan1947/files/f-5-99-5791498_2QP8bsJp_BSouthworth_SPIA.pdf
The project described in this application will meeet the metering requirements of PUC 2506 including:
Electricity generation in megawatt hours shall be reported to the GIS quarterly with a statement that the submission is accurate by the owner of the source, the independant minitor or a designated representative.
A revenue quality meter is used to measure the electricity generated.
The facility owner has certified to the independant monitor that the meter operaes according to manufacturing standards.
The meter shall be maintained according to the manufacturer's recommendations.
The project is installed and operating in conformance with applicable building codes.
A copy of the facility's interconnection agreement is attached.
Please attach additional document here
https://fs30.formsite.com/jan1947/files/f-5-168-5791498_ifkVws5N_Ben_Southworth_NHOS.pdf
Please attach additional document here
https://fs30.formsite.com/jan1947/files/f-5-173-5791498_4uXSIJZ0_Ben_Southworth_COC.pdf
Aggregator statement of accuracy
Sign your name using a mouse or, if you are using a touch-screen device, a stylus or other pointer.
M

. *

Print Name

Linda Modica

Date Signed

12/31/2015

rec'd /11/12 #N2461

PUBLIC SERVICE COMPANY OF NEW HAMPSHIRE INTERCONNECTION STANDARDS FOR INVERTERS SIZED UP TO 100 KVA (Continued)

Simplified Process Interconnection Application and Service Agreement

Legal Name and Address of Interconnecting Customer (or, Company name, if appropriate) Customer or Company Name (print):		Contact Information:	Date Prepared: 12-27-2011				
Customer or Company Name (print): Contact Person, if Company: Mailing Address: 354 Plasat Valley Road City:		Legal Name and Address of Interconnecting Customer (o	r, Company name, if appropriate)				
Contact Person, if Company: Mailing Address: 354 PCASALT VEILEY Rand City: LANCASTEV State: NIT Zip Code: 0358 Telephone (Daytime): 603 788 3050 (Evening): Facsimile Number: E-Mail Address: Alternative Contact Information (e.g., system installation contractor or coordinating company, if appropriate): Name: MITHER CONTACT STATE		Customer or Company Name (print): Benjawa	in M Jonthworth				
City:		Contact Person, if Company:	`				
Telephone (Deytime): 603 788 3050 (Evening): Facsimile Number: E-Mail Address: Alternative Contact Information (e.g., system installation contractor or coordinating company, if appropriate): Name: Will KLSD RE. Mailing Address: 142 PCARING 5CC+ 8+ SIMP Code: Telephone (Daytime): (Evening): Facsimile Number: E-Mail Address: Electrical Contractor Contact Information (if appropriate): Name: Revision Energy Telephone: 207-221-634 Mailing Address: 142 Presumpsort S+ City: PORTIANN State: NE Zip Code: 04103 Facility Information: Address of Facility: 304 PWOWN VAMAY RD City: LANGADAN State: NE Zip Code: 04103 Facility Information: Address of Facility: 304 PWOWN VAMAY RD City: LANGADAN State: NE Zip Code: 04103 Facility Supply Company: PENH Account Number: \$\sum_{\text{Ext}} \sum_{\text{Ext}} \sum_{E		Mailing Address: 354 Plcasant V	alley Road				
Telephone (Deytime): 603 788 3050 (Evening): Facsimile Number: E-Mail Address: Alternative Contact Information (e.g., system installation contractor or coordinating company, if appropriate): Name: Will KLSD RE. Mailing Address: 142 PCARING 5CC+ 8+ SIMP Code: Telephone (Daytime): (Evening): Facsimile Number: E-Mail Address: Electrical Contractor Contact Information (if appropriate): Name: Revision Energy Telephone: 207-221-634 Mailing Address: 142 Presumpsort S+ City: PORTIANN State: NE Zip Code: 04103 Facility Information: Address of Facility: 304 PWOWN VAMAY RD City: LANGADAN State: NE Zip Code: 04103 Facility Information: Address of Facility: 304 PWOWN VAMAY RD City: LANGADAN State: NE Zip Code: 04103 Facility Supply Company: PENH Account Number: \$\sum_{\text{Ext}} \sum_{\text{Ext}} \sum_{E		City: Lancaster st	ate: NIT Zip Code: 03584				
Facsimile Number: Geven the contractor of coordinating company, if appropriate): Name:		Telephone (Daytime): 603 788 3050 (E					
Name: Will K255 Les Mailing Address: A LY2 P CASIL PR G \$COT 3+			Mail Address:				
Mailing Address:			contractor or coordinating company, if appropriate):				
City: State: V STIM Decode: Telephone (Daytime): (Evening): E-Mail Address: Electrical Contractor Contact Information (if appropriate): Name: ReVISION Energy Mailing Address: IA2 Presumpsion: State: NE Zip Code: O4103 Facility Information: Address of Facility: 364 PURDIM VALUE D City: LANCAGEN State: NE Zip Code: O4103 Facility Information: Address of Facility: 364 PURDIM VALUE D City: LANCAGEN State: NE Zip Code: O4103 Facility Information: Address of Facility: 364 PURDIM VALUE D City: LANCAGEN State: NE Zip Code: O4103 Facility Information: Account Number: State State: NE Zip Code: O4103 Facility Information: Address of Facility: 364 PURDIM VALUE D City: LANCAGEN State: NE Zip Code: O4103 Facility Information: Account Number: State State: NE Zip Code: O4103 Facility Information: Address of Facility Reservice Company: Poll Account Number: State State: NE Zip Code: O4103 Facility Information: Account Number: State State: NE Zip Code: O4103 Facility Information: Account Number: State State: NE Zip Code: O4103 Facility Information: Account Number: State: NE Zip Code: O4103 Facility Information: Account Number: State: NE Zip Code: O4103 Facility Information: Account Number: State: NE Zip Code: O4103 Account Number: Account Number: State: NE Zip Code: O4103 Account Number: Account Number: Node! Number: Node! Number: Node! Number: Node! Node! Number: Node! Node! Number: Node! Node! Number: Number: Node! Number: Number: Number: Node! Number: Numbe		Mailing Address: 2 142 POSUMD	scot St 1				
Telephone (Daytime):		City: St	ate: V SAML Code:				
Facsimile Number: B-Mail Address: Electrical Contractor Contact Information (if appropriate): Name: NeVISION ENERGY Telephone: 20] - 22 \- \lo 8 \- Mailing Address: A2 Presimpson State: NE Zip Code: 0 \- \lo 1 \\			vening):				
Electrical Contractor Contact Information (if appropriate): Name: Revision Energy Telephone: 207-221-634 Mailing Address: 142 Presumpsion State: Tip Code: 04103 Facility Information: Address of Facility: 364 Publical Valley Ro City: Lanciage A Account Number: State: Number: State: Number: 671714 Electric Service Company: P5NH Account Number: 558455 1030 Meter Number: 671714 Electricity Supply Company: Account Number: Manufacturer Engline Meter Number: 10210 Quantity: 103 Nameplate Rating: 103 (RW) (RVA) (AC Volts) Single of or Three Phase System Design Capacity: (RVA) (RVA) Battery Backup: Yes No Net Metering: If Renewably Fueled, will the account be Net Metered? Yes of No Note Metering: Photovoltaic Reciprocating Engine Fuel Cell Turbine Other Energy Source: Solar Wind Hydro Diesel Natural Cas Fuel Oil Other UL 1741.1 (IEEE 1547.1) Listed? Yes No Esternal Manual Disconnect: Yes No Estimated Install Date: 102.1 2012 Estimated In-Service Date: 102.1 2012 Interconnecting Oustomer Signature I hereby certify that, to the best of my knowledge, all of the information provided in this application is true and I agree Terms and Conditions on the following page: Oustomer Signature: Name Medical by the inverter manufacturer describing the inverter's UL 1741 listing. Approval to Install Facility (For Company use only)		•					
Name: Revision Energy Telephone: 207-221-634 Mailing Address: 142 Presimpsot St City: Portuand State: NE Zip Code: 04103 Facility Information: Address of Facility: 364 Puroland Value RD City: Language State: Ne Zip Code: 03582 Electric Service Company: PSNH Account Number: 568645 1030 Meter Number: 671714 Electricity Supply Company: Account Number: Nameplate Rating: 100 (kW) (kVA) (AC Volts) Single of Three Phase System Design Capacity: (kVA) (kVA) Battery Backup: Yes No Net Metering: If Renewably Fueled, will the account be Net Metered? Yes No Prime Mover: Photovoltaic Reciprocating Engine Fuel Cell Turbine Other Energy Source: Solar Wind Hydro Diesel Natural Cas Fuel Oil Other UL 1741.1 (IEEE 1547.1) Listed? Yes No Esternal Manual Disconnect: Yes No Estimated Install Date: 1012 Estimated In Service Date: 1012 Col 72 Interconnecting Oustomer Signature I hereby certify that, to the best of my knowledge, all of the information provided in this application is true and I agree Terms and Conditions on the following page: Oustomer Signature: New York Date: 101341 listing. Approval to Install Facility (For Company use only)							
Mailing Address: A2 Pres mpsot State: NE Zip Code: 04103 Facility Information: Address of Facility: 304 Pubble N Value Po City: Lancard N State: NH Zip Code: D3582 Electric Service Company: P5NH Account Number: S 8184 5 1030 Meter Number: G 77724 Electricity Supply Company: P5NH Account Number: Maccount Number: Macc							
City: POLTLAND State: ME Zip Code: 04103 Facility Information: Address of Facility: 304 PW00WX VAWA GO City: ANCADA State: NM Zip Code: D3584 Electric Service Company: P5NH Account Number: \$588845 low Meter Number: G77724 Electricity Supply Company: Account Number: Model Name and Number: Model Number: Model Name and Number: Model Number: Model Name and Number:		Mailing Address: 142 Pros 12MPS (DT S	+ 16167101E: 20 CC 100 1				
Facility Information: Address of Facility: 304 PWBWN VAWY CO City:							
Address of Facility: 301 Wishwal Valley City:		Gey. 101 CITED St	zipcote. <u>0 1/0 3</u>				
State: NY Zip Code: 03584 Electric Service Company: PSNH Account Number: 5 6 8 6 9 5 1030 Meter Number: 6 71724 Electricity Supply Company: Account Number: Account Number: Manufacturer: 6 10 10 8 6 Model Name and Number: 10 2 10 Quantity: 10 Nameplate Rating: 10 (kW) (kVA) (AC Volts) Single or Three Phase System Design Capacity: (kVA) (kVA) Battery Backup: Yes No Not Metering: If Renewably Fueled, will the account be Net Metered? Yes No Prime Mover: Photovoltaic Reciprocating Engine Fuel Cell Turbine Other Energy Source: Solar Wind Hydro Diesel Natural Gas Fuel Oil Other UL 1741.1 (IEEE 1547.1) Listed? Yes No External Manual Disconnect: Yes No Estimated Install Date: 10 2012 Fistimated In-Service Date: 10 2012 Interconnecting Customer Signature I hereby certify that, to the best of my knowledge, all of the information provided in this application is true and I agree Terms and Conditions on the following page: Customer Signature: Burguin M State Tritle: Date: Please attach any documentation provided by the inverter manufacturer describing the inverter's UL 1741 listing. Approval to Install Facility (For Company use only)		Facility Information: Address of Facility: 391 Plubplical Valley	60				
Electric Service Company: PSNH Account Number: SESL845 1030 Meter Number: G111114 Electricity Supply Company: Account Number:							
Flectricity Supply Company:							
Generator/Inverter Manufacturer: \(\frac{\capacity}{\capacity} \)			•				
Nameplate Rating:	لار						
Net Metering: If Renewably Fueled, will the account be Net Metered? Yes	-615						
Net Metering: If Renewably Fueled, will the account be Net Metered? Yes No Photovoltaic Reciprocating Engine Fuel Cell Turbine Other Energy Source: Solar Wind Hydro Diesel Natural Gas Fuel Oil Other UL 1741.1 (IEEE 1547.1) Listed? Yes No External Manual Disconnect: Yes No Estimated Install Date: 20\2 Estimated In-Service Date: \ \ \ 20\2 Interconnecting Customer Signature I hereby certify that, to the best of my knowledge, all of the information provided in this application is true and I agree Terms and Conditions on the following page: Customer Signature: M Title: Date: Please attach any documentation provided by the inverter manufacturer describing the inverter's UL 1741 listing. Approval to Install Facility (For Company use only)	3."						
Prime Mover: Photovoltaic Paciprocating Engine Fuel Cell Turbine Other Energy Source: Solar Wind Hydro Diesel Natural Gas Fuel Oil Other UL 1741.1 (IEEE 1547.1) Listed? Yes No External Manual Disconnect: Yes No Estimated Install Date: Jan Zolz Estimated In-Service Date: Jan Zolz Interconnecting Customer Signature I hereby certify that, to the best of my knowledge, all of the information provided in this application is true and I agree Terms and Conditions on the following page: Customer Signature: Buy win M State Title: Date: Please attach any documentation provided by the inverter manufacturer describing the inverter's UL 1741 listing. Approval to Install Facility (For Company use only)							
Energy Source: Solar Wind Hydro Diesel Natural Gas Fuel Oil Other UL 1741.1 (IEEE 1547.1) Listed? Yes No External Manual Disconnect: Yes No Estimated Install Date: Jan 2012 Estimated In-Service Date: Jan 2012 Interconnecting Customer Signature I hereby certify that, to the best of my knowledge, all of the information provided in this application is true and I agree Terms and Conditions on the following page: Customer Signature: Buyuni M State Title: Date: Please attach any documentation provided by the inverter manufacturer describing the inverter's UL 1741 listing. Approval to Install Facility (For Company use only)		- · · · · · · · · · · · · · · · · · · ·					
UL 1741.1 (IEFE 1547.1) Listed? Yes No Estimated Install Date: Jan 2012 Estimated Install Date: Jan 2012 Estimated In-Service Date: Jan 2012 Interconnecting Customer Signature I hereby certify that, to the best of my knowledge, all of the information provided in this application is true and I agree Terms and Conditions on the following page: Customer Signature: Buyuni M S Title: Date: Please attach any documentation provided by the inverter manufacturer describing the inverter's UL 1741 listing. Approval to Install Facility (For Company use only)	•						
Estimated Install Date: Jan 2012 Estimated In-Service Date: Jan 2012 Interconnecting Customer Signature I hereby certify that, to the best of my knowledge, all of the information provided in this application is true and I agree Terms and Conditions on the following page: Customer Signature: Buy win M J Tutte Title: Date: Please attach any documentation provided by the inverter manufacturer describing the inverter's UL 1741 listing. Approval to Install Facility (For Company use only)							
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I hereby certify that, to the best of my knowledge, all of the information provided in this application is true and I agree Terms and Conditions on the following page: Customer Signature: Buy win M S Title: Title: Date: Please attach any documentation provided by the inverter manufacturer describing the inverter's UL 1741 listing. Approval to Install Facility (For Company use only)			mated In-Service Date: Jan 2012				
Terms and Conditions on the following page: Customer Signature: Buyuni M S Title: Date: Please attach any documentation provided by the inverter manufacturer describing the inverter's UL 1741 listing. Approval to Install Facility (For Company use only)							
Customer Signature: Buyun M STUCK Title: Date: Please attach any documentation provided by the inverter manufacturer describing the inverter's UL 1741 listing. Approval to Install Facility (For Company use only)			ne information provided in this application is true and I agree to the				
Please attach any documentation provided by the inverter manufacturer describing the inverter's UL 1741 listing. Approval to Install Facility (For Company use only)			to The Date				
Approval to Install Facility (For Company use only)		11					
		rieuse auach uny aocumentation provideu by the inverter manifacturer describing the inverter's UL 1741 listing.					
		Approval to Install Facility (For Company use only)					
system modifications, if required (Are system modifications required? YesNo/ To be Determined)							
Company Signature: Muhauf Mota Title: ENGINEER Date: 1-16		Company Signature: Muhau Motta	Title: ENGINEER Date: 1-16.18				

14

LANCARTER 30WI MAPE P. 105/3 PH. A



Ostation of Completion for Companies Process Interconnect	JULIS
installation information: Check if owner-installed	
Customer or Company Name (print): Ben Soy Thworth	
Contact Person; if Company: Cavic	
Mailing Address: 254 Pleasant Valley Rd	
City: LANGUSTEY State: NH Zip Code: 035 &	4
Telephone (Daytime): 603 631 0/ 64 (Evening): 603 788 3050	the state of the same party and
Facsimile Number 603 788 2619 E-Mail Address: ben@gar and mill. Com	
	The state of the second
Address of Facility (if different from above): Same	
City: Zip Code: Zip Code:	
Generation Vendor: CVISTON ETERO. Contact Person Sentificate	en e
I herby certify that the system hardware is in compliance with Puc 900.	
Vendor Signature: Thate	To a summarized the sum of the su
Electrical Contractor's Name (if appropriate): W:11 ram Levay	- 95 46 46 1
Moiling Address: 7 Commercial Drive	
City: Exeter store: NH Zip Code: 03833	<u> </u>
Telephone (Daytime): 203-470-6129 (Evening): 203-470-6128	
Facsimile Number: E-Mail Address: BLevay & Revson Energy	
License number: 15139 M	Total and the second second
Date of approval to install Facility granted by the Company: Installation Date:	
Installation Date:	and a state of the state of the state of
Application ID number:	
Inspection	· i · · · · · · · · · · · · · · · · · ·
	A THE RESERVE OF THE STATE OF T
The system has been installed and inspected in compliance with the local Building/Electrical Code of	
Lancaster / Lous Scantar	31 0001 PT - 0712 PT - 11 15
(City/County)	
Signed (Local Electrical Wiring Inspector, or attach signed electrical inspection):	
Name (printed): William Levan Mars La # 13734 M	
Date: 7/72/2012	
Customer Certification:	
I hereby certify that, to the best of my knowledge, all the information contained in this Interconnection Notice is true	
CONTECL: This system has been installed and shall be operated in compliance with synticable electrical ctondards. Also	and and
whited start up and required by Fife 903.04 has been successfully completed.	· · · · · · · · · · · · · · · · · · ·
Castomer Signaturo: Benjum M Southth Date: 2/28/2012	
Customer Signature: Benjum M Anth Date: 2/28/2012	7.6
kiri Ing Mil III.	16
The state of the s	

New Hampshire PUC REC Certification Application Owner Statements

The information provided on this application for New Hampshire Renewable Energy Certificate eligibility is accurate to the best of my knowledge and I authorize Knollwood Energy to act on my behalf in filing said application.

The project described in this application will meet the metering requirements of PUC 2506 including:

Electricity generation in megawatt hours shall be reported to the GIS quarterly with a statement that the submission is accurate by the owner of the source, the independent monitor, or a designated representative.

A revenue quality meter is used to measure the electricity generated.

The facility owner has certified to the independent monitor that the meter operates according to manufacturing standards.

The meter shall be maintained according to the manufacturer's recommendations.

The project is installed and operating in conformance with applicable building codes.

A copy of the facility's interconnection agreement is attached.

Ben Southworth

Printed Name of signature owner

Signature of system owner